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ABSTRACT

Summarized are results of a validation study of the Observational Checklists for Referral (OCR), developed to assist classroom teachers to identify problems that interfere with learning, to make appropriate referrals to other professionals, and to communicate with parents and professionals. Results of the study involving more than 25 teachers and assistant teachers and approximately 300 children between the ages of 29 and 89 months are noted to indicate that the OCR (teacher's version and parent's version) appeared to be a valid measure of identifying children in need of further attention. It is pointed out that the use of the checklists by parents as well as teachers provides a common basis for communication regarding existing and/or potential problems. Included are summarized versions of the checklists and a list of points for parents in talking with their child. (IM)

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OBSERVATIONAL CHECKLISTS FOR REFERRAL --

TEACHERS AND PARENTS TOGETHER

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Observation and identification of children in need of referral for indepth physical or psychological evaluation is a critical first step in providing assistance to young children. Two versions of the Observational Checklists for Referral (OCR), teachers version and parents version, provide a way for teachers and parents to work together in objectively identifying existing or potential problems of children. Development of the OCR manual and checklists will be discussed, summary checklists distributed, and a demonstration film presented.

EC 100734

OBSERVATIONAL CHECKLISTS FOR REFERRAL-- TEACHERS AND PARENTS TOGETHER

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Observation and identification of children in need of referral for comprehensive physical or psychological evaluation is a critical first step in providing assistance for young children. The Observational Checklists for Referral (OCR) were developed to assist classroom teachers in identifying children in need of referral. The OCR is designed to help teachers identify problems that interfere with learning, make appropriate referrals to other professionals, and communicate with parents and professionals.

Over a three year period, more than 25 teachers and assistant teachers and approximately 300 children between the ages of 29 and 89 months have participated in field validation studies. Following a filmstrip overview of the OCR, summarized results of the 1976 validation study will be reported. In addition to the validation studies, the OCR was pilot tested with a group of parents and these results compared with results obtained by teachers. A summary of this study will also be discussed.

Overview of the OCR

(The following paragraphs briefly describe the OCR. This information was presented in a 20 minute filmstrip.)

> The teachers' version of the OCR includes a General Checklist to be completed for each child, and Specific Checklists to be completed only for children identified on the General Checklist. Items on the General Checklist are designed for initial identification purposes. Stated in broad terms,

these items cover common physical or behavioral symptoms of problems. Each item on the General Checklist relates to one or more Specific Checklists which describe unusual behaviors or physical symptoms in greater detail. The Specific Checklists represent the areas of Health, Vision, Hearing, Speech and Language, Motor, Learning, and Behavior, and provide information about the child which leads to referral and a more comprehensive evaluation by other professionals.

The OCR manual includes detailed instructions for completing each checklist, a general discussion of each Specific Checklist and the problem area it is designed to identify, descriptions of common behavioral manifestations of those problems, and guidelines for making and following up referrals. Observational skills and techniques are explained, as well as descriptions of the specific behaviors the teacher should note.

In developing the checklists, all available checklists were reviewed for applicability to preschool children. The criteria followed in writing the OCR checklists were that each checklist would: (1) be composed of items that included common behavioral indicators of problems; (2) include indicators observable by a non-technically trained person; and (3) include a comprehensive sampling of behaviors in each area. In addition, each item was to be linguistically and culturally unbiased.

The checklists and manual were reviewed by consultants with particular expertise in each area covered by the OCR. This initial version was also reviewed and tried out on a limited basis by fifteen day care teachers and assistant teachers. Two revisions and several try-outs later, the first validation study was conducted in 1975 with teachers and children from Austin Day Care centers. After this study, the OCR was again revised and a second validation study conducted in 1976.

Validation Study - 1976

A total of 126 Black, White, and Mexican American children (CA range = 29 to 89 months; mean = 56.4) from a day care center serving children

from all socio-economic groups were included in this study.

The six participating teachers were given the manual and a set of checklists for each child. No other training was provided as a secondary purpose was to determine the effectiveness of the OCR when used independently of project staff. After the checklists were completed by the teachers and collected by the project staff (a period of one week), a team of professional examiners spent a full day at the center screening the children. This team included an audiologist, an optometrist, a nurse, and a speech therapist, each of whom were asked to screen as many children as possible, using their own screening techniques. An educational diagnostician and a psychologist also observed children over a two-day period; again using their own screening techniques. Each consultant was then asked to rate each child on a scale of 1 to 4 (4 = "Definite Problem," 3 = "High Risk," 2 = "Possible Problem," and 1 = "No Problem").

In comparing the teacher and consultant ratings only children with Definite Problem or High Risk were considered positive ratings, while children rated 1 or 2 were considered to have no problem. On the checklists, a minimum of 2 checks on a single checklist was considered positive identification by teachers.

Criterion-related validity for each checklist was determined by comparing the professional examiner ratings with the OCR ratings by the teachers. The actual numbers and percentages of agreement are shown in Table I for the areas of Hearing, Speech, Behavior, Health, and Vision. Data on the Motor Checklist were not analyzed because too few children (less than 5) were checked even once. False positives (children checked on the OCR but

TABLE I

FREQUENCY AND PERCENTAGE OF AGREEMENT/NONAGREEMENT BETWEEN OCR AND EXAMINER OBSERVATIONS

1976 Validity Study

CHECK-LIST	CONFIRMED IDENTIFICATION			UNCONFIRMED IDENTIFICATION			TOTAL No./%
	OCR-POSITIVE EXAMINER-POSITIVE No./%	OCR-NEGATIVE EXAMINER-NEGATIVE No./%	TOTAL OCR-EXAMINER AGREEMENT No./%	OCR-POSITIVE EXAMINER-NEGATIVE No./%	OCR-NEGATIVE EXAMINER-POSITIVE No./%	TOTAL OCR-EXAMINER NONAGREEMENT No./%	
Hearing	13 /71.8%	66 /60.0%	79 /71.8%	25 /22.7%	6 / 5.5%	31 /28.2%	110 /100%
Sp/Lang	14 /14.0%	51 /51.0%	65 /65.0%	21 /21.0%	14 /14.0%	35 /35.0%	100 /100%
Behavior	11 /23.9%	16 /34.7%	27 /58.6%	17 /36.9%	2 / 4.3%	19 /41.2%	46 /100%
Health	10 /12.2%	27 /32.9%	37 /45.1%	35 /42.7%	10 /12.2%	45 /54.9%	82 /100%
Vision	8 /30.8%	10 /38.6%	18 /68.6%	3 /11.6%	5 /19.2%	8 /30.8%	26 /100%

not identified by the examiners) were highest for Behavior and for Health. On the Behavior Checklist, "crying or tantrums" and "inability to get along with other children" were most frequently checked. A number of these problems occurred in the three-year-old classroom in which crying appeared to be a major problem. On the Health Checklist, poor eating habits, diet, and fatigue were frequently checked by the teachers.

The most important aspect is the number of under-referrals or children identified by the examiners who were not checked on the OCR by teachers. Over-referrals constitute an unnecessary expense, but under-referrals can be critical--children may be in need and not receive help. In one case this was true. One child was checked as having a cold. However, the nurse identified a severe chest congestion and possible pneumonia. The parent was called and the child was hospitalized the same day with a diagnosed case of pneumonia.

The majority of the under-referrals were because the professionals, particularly the nurse and optometrist, were looking for medical problems not particularly relevant to teachers--or to the checklists. The optometrist considered all muscle imbalance problems as very important although he did not recommend any action other than a yearly check-up. The nurse identified several children with irregular heart beats, chest congestion, and umbilical hernias as problems in need of referral to a physician. However, these areas are not included on the checklist and not within the teacher's domain. Had the examiners been asked to check for only the items listed on the OCR, the rate of agreement would have been much higher.

Also of interest are the number of unconfirmed identifications in the area of Speech. The combined number of under and over referrals (35%) indicates that teachers were not well aware of what constitutes a speech problem at various ages. This indicates the need for providing teachers with more explicit information on speech and language development through the preschool years.

Teacher-Parent Study

During the last week of May, a notice was posted in the Day Care Center, inviting interested parents to meet with SEDL staff regarding use of the OCR. Two meetings were held, attended by 25 parents. During these sessions, the purpose of the OCR was described and parents were asked to take the manual home, read it, and complete the checklists for their child, adding any comments they might have. The manual, a set of checklists, and a feedback form were given to the 25 parents attending. Additional requests were received from parents who had not attended the meetings. Therefore, a written description of the purpose of the OCR was prepared and 25 sets of materials were left at the desk for parents to take home. A total of 45 sets were taken, of which eight were returned unmarked, 35 were completed and returned, and the remaining two simply disappeared. Of the 35 returned checklists, only 31 were used in this study. (Four children had withdrawn from the center for the summer months, and teacher checklists were not available for comparison purposes.)

The following figure shows the rate of agreement/disagreement between teachers and parents regarding all items checked.

		TEACHER: No Areas Checked	TEACHER: One or More Areas Checked
PARENTS	No Areas Checked	8	3
PARENTS	One or More Areas Checked	3	17

Of the areas checked by the teacher but not checked by the parent, one child was identified as "shy" by the teacher, one child was identified on the Speech Checklist as "speaking softly" and "speaking slowly" and one child was identified on the Speech Checklist items, "talks like a younger child" and "seldom talks." As it turned out, this child was three years eight months old, and had been moved into the four- to five-year-old class because of his physical size.

Of the three children identified by parents but not identified by teachers, one child was checked on the Behavior Checklist as wanting adult attention, one child was checked on the Hearing Checklist as saying "Huh?" frequently and wanting her own way, and the third child was identified by the parent as having frequent colds and allergies.

Although these certainly are not major differences, there are some implications. The items checked by the teacher, but not by the parent, caused the teachers to reevaluate their perceptions. For example, the teacher of the four-year-old class stated that she had forgotten that the child who "spoke like a younger child" was, in fact, younger than the others.

The items checked by parents alerted the teachers to the need for a parent conference to see whether problems actually existed or whether the items checked were simply typical behaviors for a child of that age. Even the allergies and colds were important to the teacher. As is also evident from several Checklists on other children, many children in Austin, Texas do have allergies and colds which, in some cases, affect behavior.

Of the 17 children checked by both parents and teachers, all but one were checked on more than one checklist. Table II includes a comparison of results from screenings by the pediatric nurse, audiologist, and speech therapist, as well as identification of areas checked by teachers and by parents. One fact was obvious from studying the checklists--colds, allergies, and ear problems were noted by both teachers and parents quite frequently (in 12 of the 17 cases). Fifteen of these 17 children were checked on the Hearing or Speech Checklist by either the teacher or the parent. These children were also checked on the Behavior Checklist. Only seven of the same children were identified by the audiologist or speech therapist, however. Obviously, all these children were not severely or even moderately handicapped. Several of them "passed" professional screenings.

Are there, however, other implications? Possibly--and probably--so. Colds are frequent among young children in the Austin area where the weather changes frequently and dramatically. Allergies are a major problem for many people. As any adult can clearly state, colds and allergies often result in stopped up ears, earaches, irritability, and general fatigue. Young children are not as verbal as adults and are unable to clearly identify their problems. A child who has a succession of colds, allergies, temporary ear infections, and possible intermittent hearing loss (or at least a reduction in hearing sensitivity) may easily

TABLE II

COMPARISON OF SCREENINGS, OCR, AND FOLLOW-UP

	PROFESSIONAL SCREENINGS			OCR CHECKLISTS				FOLLOW-UP
	NURSE	AUDIOLOGIST	SPEECH	TEACHER		PARENTS		
				Cklist	Item Comment	Cklist	Item Comment	
1	Not tested	OK	OK	Hth	Colds Allergy	Hth	Bone cond. Cold/earah	Observe
2	No resp.	No resp.	No resp.	Hr Lrn Sp Beh		Hth Sp Beh	Colds	Ref. to Diag. Clinic
3	L. ear occluded	OK	Short att. Poss. prob.	Hr Mtr Sp Beh		Hr Sp Beh		To Otologist
4	Fluid pneumonia	OK	OK	Hth Hr Sp	Colds Asthma	Hth Hr Sp Mtr	Colds Asthma	To Hospital
5	No resp.	No resp.	No resp.	Hth Hr Vis Sp Beh Mtr		Hth Vis Sp Hr Beh		To EC/H
6	OK	OK	Not tested	Hth Hr Sp Beh	Colds	Hr Sp Beh		Observe
7	OK	Inconsistent	Def. prob.	Sp Beh Hr Vis		Hth Hr Sp Beh Mtr	Earah	To Sp/Hr Clinic
8	Tubes	OK	OK	Hth Hr Sp Beh	Colds Earah	Hth Hr Sp Beh	Tubes Oper.	Observe
9	Not tested	OK	Slight Dysfluency	Mtr		Hth Beh Mtr	Allergy Petit Mal	Observe
10	Not tested	OK	OK	Sp Beh		Hth Sp Beh	Colds Earah	Observe
11	Tubes	Failed Both Ears	Not Tested	Hth Hr Sp Beh	Colds Earah	Hth Hr Sp	Allergy Cold Tubes	To Sp/Hr Clinic
12	Tubes	OK	OK	Hth Beh	Colds Earah	Hr Beh	Aller-Colds Earah-Tubes	Observe
13	OK	OK	Poss. prob.	Hth	Colds Earah	Hr. Beh	Ear Infect.	Observe
14	OK	OK	Poss. prob.	Vis Beh		Vis Beh		Observe
15	Not tested	No resp.	OK	Beh		Sp		To Sp/Hr Clinic
16	OK	OK	OK	Beh		Hr Beh Sp	Earache	Observe
17	OK	OK	OK	Hth Hr Sp Beh Mtr		Hth Beh		Observe

miss out on learning critical information. Further, the general feeling of listlessness or irritability may create problems of behavior. Thus, frequently occurring colds and allergies should be considered an "ALERT" to teachers. During those periods of time, young children may have difficulty attending or learning.

Overall, the OCR appears to be a valid measure of identifying children in need of further attention. In addition, use of the Checklists by parents as well as teachers provides a common basis for communication regarding existing and/or potential problems. Ideally, another series of validation studies including parents as well as teachers, and a follow up study should be conducted. However, funding for the Ability Development Program, under which the OCR was developed, ends this June. It is our hope that such studies will be possible in the future, as well as the development of a training film for parents.

The checklists which you have received are summarized versions of the OCR Checklists. In addition, more specific information on Speech and Language development as well as some points for parents in talking with their child are included.

HELPING WITH SPEECH AND LANGUAGE DEVELOPMENT

TALK TO YOUR CHILD as much as possible, even though s/he may not answer or seem to respond. Use short, simple sentences, depending upon the child's age. Remember that children may not understand what adults say the first time. Sometimes you will need to rephrase or restate to be sure your child understands. Talk about things your child can see, things s/he is doing, or what you are doing.

LISTEN TO YOUR CHILD with the same care and attention you would give a friend. Careful listening will help your child feel that what s/he has to say is important and will help your child want to talk more. Listening will help you understand more about your child -- what s/he knows and understands as well as the words s/he uses. Listening will also help you know what to talk about, the things which are of interest to your child. You will have to practice listening -- few adults listen well. Listening is fun. Children have a fresh and open view of the world, and they say many funny things!

READ TO YOUR CHILD as much as possible. Anything will do -- books are only one way of reading. Use magazines and name the objects in pictures or make up one-sentence stories about the pictures. For older children, make up longer stories and let them tell you a story. Draw a stick-figure and tell a story about it. Tell a story about a photograph, a postcard, or a picture on the wall. When your child draws a picture, let your child tell you a story about it. In addition to helping your child learn to talk, reading will increase his/her understanding and knowledge and will help your child want to learn to read on his/her own.

ASK QUESTIONS and give your child the chance to answer. All too often adults ask -- and answer -- their own question. Sometimes young children will say, "What?" instead of answering. When this happens just ask the question again and wait. It takes time to think of answers. Be sure you are asking a question the child can answer or if giving a choice, be sure you can live with the answer. The level or type of question depends upon your child and his abilities. There are several ways to ask the same type of thing. For example:

Do you want to play with the ball? (Yes/No Answer)
Do you want to play with the ball or the car? (Single-word Choice)
What do you want to play with? (Single-word Answer)
What do you want to do? (Open-ended Question; Are you willing to accept the answer?)

PRAISE YOUR CHILD for speaking and doing things well. When s/he does something you like, say so. Too often adults get in the habit of correcting what is wrong and forget to recognize and praise what is right. Be specific when praising so the child will know what it is that you like. For example, "I like the way you say your name so clearly" or "I like the sound of your voice. You sound so happy and cheerful." Praise is not only words. Praise can also be smiles, hugs, pats, and kisses.

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SUMMARIZED PARENT CHECKLISTS

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Immunizations:

Childhood Diseases:

Accidents:

Serious Illnesses:

GENERAL HEALTH

Appearance

__Extremely overweight
__Extremely underweight
__Sudden loss of weight
__Cuts and bruises, slow to heal
__Extremely pale complexion
__Dark circles under eyes
__Frequent colds, runny nose, allergies

Behavior

__Excessively tired, listless
__Difficult or wheezy breathing
__Shallow, rapid breathing
__Very frequently hungry
__Frequent trips to the toilet
__Vomiting
__Eats non-foods

The child complains of:

__headaches __Stomach aches
__Other body aches, pains

Other:

VISUAL CHECKLIST

Appearance

__Red, swollen eyelids
__Sores or crusts on eyelids
__Red, watery, or cloudy eyes
__Eyes seem to "cross"
__One eye "wanders"

Behavior

__Rubs his/her eyes a lot
__Holds things very close to eyes
__Tilts head or closes one eye
__Bumps into things a lot

The child complains of:

__Headaches
__Not being able to see
__Eyes hurting, burning, itching

Other:

HEARING CHECKLIST

Appearance

__Drainage or strong odor from ears
__Excessive wax or dirt in ears
__Sores in ears
__Frequent colds, sore throats

Behavior

__Tugs or pulls at ears
__Does not seem to listen
__Has trouble understanding
__Does not react to sudden noises
__Watches speaker's face very closely
__Speaks very softly or in a monotone
__Speaks unusually loud
__Turns head to one side to listen
__Frequently asks for repetitions (Huh? What?)

The child complains of:

__Earaches __Not hearing
__Dizziness

MOTOR CHECKLIST

Appearance

__Poor or unusual posture
__Stand with legs or hips uneven
__Unusually awkward
__Excessive toeing-in or toeing-out (pigeon-toe or slew-foot)

Behavior

__Stumbles or falls frequently
__Walks stiff-legged
__Walks on tiptoe most of the time
__Twitching or jerking movements
__Frequent trembling or shaking
__Has trouble picking up small objects
__Has trouble using spoon/fork

The child complains of:

__Pain or aches in joints frequently
__Pain after physical exercise
__Tiredness or pain

Other:

BEHAVIOR CHECKLIST

Frequent or extremely unpleasant behavior:

__Crying __Frequent mood changes
__Tantrums __Has trouble changing activities
__Restless __Frequently angry/irritable
__Fearful __Anxious __Tense
__Withdrawn __Seldom smiles or laughs
Describe situation and frequency for any of the above:

Destructive behavior:
__Trys to hurt self __Trys to hurt others
__Intentionally destroys objects, toys, etc.
Describe situation and frequency:

Does not get along with other children/adults:
__Hits or fights with other children
__Yells or calls names
__Avoids other children; always plays alone
__Hits or fights with adults
__Clings to adults
__Avoids adults
__Sudden change in behavior. Describe.

Other problems:

SPEECH AND LANGUAGE

Young children grow and change very rapidly. This is particularly true of their ability to understand what you say and to talk. The Speech and Language Checklist is divided into approximate age levels. Because it is longer than the other checklists, it is on a separate page. Also included are some suggestions for you and other members of your family to help your child in learning to talk.

IF YOU FEEL THERE IS A PROBLEM...

First, check with your child's teacher. Some problems are simply a part of growing up, related to the age of the child. Some problems are temporary, but may need to be watched carefully. Other problems are very important.

In addition to the teacher, you may want to talk to the school principal or center director, or the nurse, social worker, or speech therapist. Also, you may want to talk to your physician.

For specialized help, such as speech therapy or hearing problems, check the yellow pages of your telephone book.

If you have problems finding help locally, write or telephone your State Department of Education, the Division of Special Education.

Also, for practical advice on steps to take in finding help for your child and for listings of national, state, and local organizations, write: Closer Look, Box 1492, Washington, D. C. 20013.

SUMMARIZED CLASSROOM CHECKLISTS

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GENERAL INFORMATION

Child's Name_____ Birth-date_____ Age__

Emergency contacts:

Has child had any recent operations? If yes, describe:

Has child had any recent serious illnesses? If yes, describe

Does child have tubes in his/her ears?

Is child taking any medication while in school? If yes, attach written permission.

Required immunizations and dates:

Other information:

(S/L) SPEECH/LANGUAGE CHECKLIST

In comparison to other children of the same age:

__Seldom or never speaks
__Makes no sounds __Speaks only to 1 person
__Makes sounds, no words __Seems to want to talk
__Seldom speaks to anyone __Seems withdrawn
__Speaks only to adults __Speaks only to children

__Talks like a much younger child
__Cannot name common objects __Uses single words
__Speaks in unusually short sentences/phrases
__Leaves out words __Uses "baby-talk"

__Is difficult to understand
__Speech cannot be understood
__Mispronounces/omits certain sounds. Which?
__Mispronounces/omits certain words. Which?
__Frequently repeats words/sounds

__Difficulty expressing ideas through speech
__Uses gestures instead of words
__Repeats questions or echos others
__Gives incomplete or wrong answers

__Seems bothered by speech problem. Explain.

Associated problems:
__Hearing problems __Missing teeth
__Frequent colds, coughs, etc. Other _____

GENERAL CHECKLIST Date:_____ Date:_____

When compared with other children of the same age:
__Frequently ill, complains of pain, tiredness (H)
__Unusually hungry, thirsty, over/under weight (H)
__Frequent/severe cuts, bruises, sores, rashes (H)
__Seems to have eye problems/difficulty seeing (V)
__Seems to have ear problems/difficulty hearing (Hr)
__Seldom or never speaks (S/L,Hr,B)
__Talks like much younger child (S/L,Hr,L)
__Speech is difficult to understand (S/L,Hr)
__Expresses ideas poorly (S/L,Hr,L)
__Uses toys/manipulatives inappropriately (L, B,V,M)
__Awkward/inadequate use of toys/manipulatives. (L,B,M)
__Unusually clumsy or awkward (M)
__Noticeably uneven development (L)
__Consistently acts like much younger child (L,B,M)
__Easily upset/frustrated; avoids activities (L,B)
__Does not get along with others (B,L)
__Extreme difficulty attending/learning (All)
__None of the above describe this child
Other _____

(M) MOTOR CHECKLIST

As compared to other children of the same age:
__Unusually clumsy or awkward in using feet/legs
__Poor posture __Stumbles or falls frequently
__Walks stiff-legged __Legs twitch, jerk, tremble
__Toes in (pigeon-toed) __Toes out
__Walks on tiptoes most of the time
__Has extreme difficulty in:
__Walking __Running __Jumping
__Hopping __Skipping __Kicking a ball
__Has extreme difficulty in:
__Moving arms in circle __Throwing
__Catching __Swinging a rope
In using toys or manipulatives, has difficulty in:
__Picking up objects with thumb & forefinger
__Stacking one-inch cubes __Stringing beads
__Putting peg in a hole __Holding crayon/pencil
__Cutting with scissors __Using fork/spoon

Corrective shoes
Does child wear corrective shoes?
May child go barefoot?

(H) HEALTH CHECKLIST

Visible signs of health problems:
Skin: __Unusually pale __Sores (Where?)
__Dark circles under eyes
__Itching, rash, wounds, injuries (Where?)
Head, Mouth, Neck:
__Lice __Decayed teeth __Sores
Limbs, extremities:
__Deformity __Bluish tinge to nails
__Infections __Walks on tiptoes, stiff-legged
Respiratory problems:
__Runny nose __Coughing __Sore throat
__Mouth breathing __Difficult/wheezy breathing
Diet and eating:
__Extremely underweight; __Overweight
__Excessively hungry; __Thirsty
__Sudden loss of weight (Describe)
__Eats nonfoods (What?)
Restroom behavior:
__Frequent bowel movements (Diarrhea)
__Infrequent bowel movements (Constipation)
__Frequent/painful urination
__Vomiting __Scratching anal area (pinworms)
Behaviors indicating health problems:
__Frequent absence __Excessive fatigue
__Listlessness __Unusual irritability
Complaints of: __headaches, __earaches, __stomach aches

Other:_____

(B) BEHAVIOR CHECKLIST

Frequent or extreme undesirable or unpleasant behavior:
__Crying __Frequent mood changes
__Tantrums __Has trouble changing activities
__Restless __Frequently angry/irritable
__Fearful __Anxious __Tense
__Withdrawn __Seldom smiles or laughs

Describe situation and frequency for any of the above:

Destructive behavior:
__Trys to hurt self __Trys to hurt others
__Intentionally destroys objects, toys, etc.
Describe situation and frequency:

Does not get along with other children/adults:
__Hits or fights with other children
__Yells or calls names
__Avoids other children; does not interact
__Hits or fights with adults
__Clings to adults
__Avoids adults; does not interact

Other problems:

(V) VISION CHECKLIST

Seems to have something wrong with eyes:
__Red, swollen eyelids, or crusts and sores
__Red, watery or cloudy eyes
__Complains of pain, burning, itching, watering
__Eyes do not appear to work together
__One eye "wanders". When?
__Eyes "cross" toward nose. When?

Seems to have trouble seeing:
__Peers intently or squints frequently
__Leans very close to work __Rubs eyes often
__Tilts head or closes one eye
__Bumps into things; trips over objects
__Holds books, pictures, materials at unusual angle, sideways, or upside down
__Becomes restless/irritable when doing close work

Other problems:

(Hr) HEARING CHECKLIST

Seems to have something wrong with ears:
__Complains of earaches __Drainage/odor from ears
__Tugs, pulls, scratches ears __Wax, dirt, object in ear

Seems to have trouble hearing or understanding:
__Does not react to sudden noises
__Uses gestures instead of talking to communicate
__Watches speakers face very closely
__Asks for frequent repetitions (Huh? What?)
__Unusual voice: __Extremely soft
__Unusually loud __Monotone
__Appears inconsistent in hearing or listening

Associated problems:
__Frequent colds, sore throat, severe allergies
__No speech __Speech problems
__Changes in behavior after absence or illness
__Dizziness, nausea, unsteadiness

Other:

(L) LEARNING CHECKLIST

Unusual slowness or immaturity in learning.
When compared with other children of the same age, the child less able in activities
__Playing with blocks, puzzles, manipulatives
__Playing with other children
__Doing art activities __Playing games
__Looking at books __Listening to stories
__Doing finger plays and singing games

Signs of stress in some learning situations:
__Shows little interest in activities. Which ones?
__Becomes tense, hyperactive, frustrated easily
__Refuses to try. Explain.
__Seldom or never finishes
Uneven development: Child does well in some activities, but not in others. Explain:

Other: